



UNUM.

APPLICATION FOR PARTICIPATION IN THE SELECT GROUP INSURANCE TRUST

UNUM Life Insurance Company of America Portland, Maine 04122

To: The Trustees of The Select Group Insurance Trust and UNUM Life Insurance Company of America

Name of Employer/Applicant City of Ann Arbor

Address: 220 E. Huron Suite 340 P.O. Box 8647

Ann Arbor (City)

MI (State)

48107-8647 (Zip)

requests approval to participate in the above named Group Insurance Trust and that

- Group Life Benefits, Group Lifestyle Protection Life Benefits, Group Universal Life Benefits, Group Accidental Death & Dismemberment Benefits, Group Lifestyle Protection Accidental Death & Dismemberment Benefits, Group Short Term Disability Benefits, Group Long Term Disability Benefits, Group Long Term Care Benefits

be made available to its eligible employees under the terms of the Policy(ies) issued to the Trustee(s) of the Trust. The effective date of this insurance coverage is to be 11/01/2000 or such other date as the Insurance Company approves, whichever is later.

Is there any group life insurance plan in force or being applied for on some or all employees? Yes No

If yes, complete the following or list the prior carriers:

Table with 5 columns: Employee Class, Maximum Amounts, Name of Carrier, Effective Dates, Termination Dates. Includes handwritten entry: PROVIDENT #122592, transfer to UNUM.

By this application, the Employer/Applicant agrees and accepts the terms of the Trust Agreement for the Trust named above for so long as it elects to participate in the Trust.

The Employer/Applicant authorizes the Trustee(s) to act as its agent for the purposes set forth in the Trust Agreement. This includes functions relevant to the administration of Group Insurance; including but not limited to: (1) collection of premiums; (2) holding insurance policy(ies); and (3) delegation of agency to insurers.

The Employer/Applicant acknowledges that the group policy(ies) under which insurance is provided contain(s) numerous optional provisions which are available in order to provide each employer with the ability to select provisions which meet its own needs.

Only approval of this request in writing by the Trustees shall permit the employer/applicant to participate in the above Trust. Insurance will become effective upon approval of the Insurance Company at its Home Office.

Dated at Ann Arbor MI City of Ann Arbor (Applicant)

on 09/08/2000 By: Amy M. Bergman Benefits Consultant Producer Name: Marsh Advantage America Producer Signature: [Signature]

SS# / Tax ID#: 13-309248 State ID #: Policy Effective Date: 11/01/2000

PRODUCER INFORMATION: For Commission purposes, please list the producers for this application. Use full names, including complete business names. To ensure proper payment of commissions, include each producer's tax identification number (social security number or corporate tax id) and state identification number where applicable.

Table with 5 columns: Producer Name, SS# / Tax ID#, State ID#, Split % age, UNUM Producer #. Includes instruction: PLEASE PRINT ALL INFORMATION CLEARLY